MEETING TITLE: Vaccine Advisory Committee (VAC) Quarterly Meeting

DATE: July 13, 2006

Attendees:

Janna Bardi DOH Immunization Program CHILD Profile Vicki Bouvier DOH Immunization Program CHILD Profile Gary Buckett Centers for Disease Control & Prevention

Carolyn Coyne Washington State Health & Recovery Services Administration Vikki Davis Washington State Association of Local Public Health Officers

Pat deHart DOH Assessment

Jeff Duchin Public Health Seattle & King County
Jay Fathi Washington Academy of Family Practice

Nancy Fisher Health Care Authority

Jan Fleming DOH Maternal & Child Health

Jan Hicks-Thomson DOH Immunization Program CHILD Profile

Jo Hofmann Consultant

Carrie Horwitch Internal Medicine

Larry Jecha Washington State Association of Local Public Health Officers

Neil Kaneshiro Washington Chapter, American Academy of Pediatrics

Donna Larsen Public Health Nursing Director

Ed Marcuse Consultant Zach Miller Consultant

Riley Peters DOH Assessment
Gannady Raskin Naturopathic Medicine

Ed Steinweg Consultant

Michael Washington Centers for Disease Control & Prevention
Lin Watson DOH Immunization Program CHILD Profile

Donna Zimburean Washington State Chapter Pediatric Nurse Practitioners

Michelle Bilhimer DOH Immunization Program CHILD Profile

Facilitator:

Jan Fleming DOH Maternal & Child Health

Recorder:

Claire Norby DOH Immunization Program CHILD Profile

Agenda Items	Discussion/Recommendations	Decisions Made/Follow-Up Completed
I. Welcome and Introductions, Changes to Agenda Jan Fleming	Maternal and Child Health Director, Jan Fleming, welcomed meeting attendees, visitors, and new VAC member, Gannady Raskin, of Bastyr University. Jan Fleming noted that there was full representation on the VAC, except for one vacant AAP position. Visitors included: Larry Barge, GlaxoSmithKline Bobbi Jo Drum, GlaxoSmithKline Chris Schattenkerk, GlaxoSmithKline Chris Schattenkerk, GlaxoSmithKline Kurt Stembridge, GlaxoSmithKline Juli Coburn, Wyeth Tara Wolff, State Board of Health Steve Frawley, Samofi Pasteur Adrienne Valsing, Sanofi Pasteur Wayne Ganong, Sanofi Pasteur Wayne Ganong, Sanofi Pasteur Debra Oxford, Merck Marcie Cleaver, Merck James Matteucci, Merck Betsy Hubbard, Public Health-Seattle & King County Julie Choudhuri, Public Health-Seattle & King County Don Stecher, Novartis Pharmaceuticals Paul Nielsen, MedImmune Sofia Aragon, DOH Cindy Smith, Tacoma Pierce County Health Dept. Cynthia Shurtleff, Immunization Action Coalition of Washington	
	Handouts: VAC Purpose Statement, 1/05 VAC Member Roster, 4/06	
п. Conflict of Interest Policy	The Conflict of Interest Policy was read by Jan Fleming.	
Jan Fleming	No conflicts were noted.	
	Handouts: VAC Conflict of Interest Policy, 1/12/06	

 III. Action Items from the April 2006 Meeting Meeting minutes approval for April 2006 Non-VFC-eligible Rotavirus Vaccine and the Universal System 	The meeting minutes from the 4/27/06 VAC meeting were reviewed with no recommended changes. Jan Fleming stated that she knew there were many questions regarding HPV vaccine and that the issue would be discussed later in the meeting and covered more fully at the 10/12/06 VAC meeting.	The meeting minutes from the April 27, 2006 meeting were approved.
Janna Bardi	Lin Watson reported on an issue that was raised at the 4-27-06 VAC meeting: Are all children who are referred to a federally-qualified health center (FQHC) eligible for VFC vaccine? Clarification from CDC was emailed to the VAC ListServ in May. The answer: Not all children seen are eligible for VFC vaccine. Some children who are accepted and seen at an FQHC are not VFC eligible and cannot receive vaccine funded by VFC. Lin will send out an email the end of July regarding under-insured children, with caveats, after conferring with a CDC attorney. (The attorney will not be available until the end of July.) Gary Bucket provided clarification of how benchmarking, which is done once a year in our state, validates VFC and non-VFC population estimates calculated by CDC. Comments from Committee Members: • There is information on the CDC web site that addresses this (funding) issue. • What about children who have a capped medical benefit and have reached their cap? Handouts: • VAC April 13, 2006 Meeting Minutes	Lin Watson will confer with a CDC attorney and send an email to VAC members via the ListServ at the end of July regarding underinsured children, with caveats.
 IV. Rotovirus Recommendation ACIP Recommendation VAC Recommendation CHRMC Diarrhea Study Summary CHARS Data Summary 	It was anticipated that at this meeting, the VAC would make its recommendation for implementation of rotavirus vaccine in Washington State, and that after the ACIP makes its official recommendation, the VAC recommendation would be finalized.	

Janna Bardi

At the 4/27/06 VAC meeting, Chas DeBolt gave a presentation on the new rotavirus vaccine (PRV). The vaccine is administered orally and infants can be immunized at 2, 4, and 6 months of age. All three doses should be administered before 32 weeks of age.

Also, at the 4/27/06 VAC meeting, Riley Peters and Chas DeBolt were asked to review CHARS data regarding hospitalizations due to gastroenteritis. The ICD-9 codes were reviewed and it was found that there were about 400 admissions of children 5 years and under per year. About 50% to 60% of children admitted with gastro-intestinal illnesses, probably had rotavirus.

Janna Bardi noted that rotavirus is not a reportable condition.

Comments from Committee Members:

- There is no catch up. If you don't get the first dose by 12 weeks, you're done.
- Janna noted that a request was made at the 4/27/06 VAC meeting to send a letter to local health jurisdictions (LHJs) and providers regarding rotavirus vaccine.

Comments from Committee Members:

- We should adopt the ACIP recommendation with clarification regarding intussusception.
- The message of the letter should state that if a child doesn't get the first vaccine by 6-12 weeks of age, they cannot get the vaccine.
- We need to communicate with LHJs and providers about the safety issues of the vaccine.
- Medicaid funding is pending.
- A study showed that the cost/benefit was approximately \$45-\$50 for a family.

Janna said that she would like to send the letter in early fall and asked for volunteers to help with the message. Since this vaccine will not yet be supplied through the universal system, we'll need to describe how the vaccine is available. Use of state supplied vaccine guidelines will emphasize the need to begin the series at 6 – 12 weeks.

Jeff Duchin volunteered to help with the letter.

A motion was made by Ed

Rotovirus Recommendation (cont'd.)

	 Handouts: Prevention of Rotavirus Gastroenteritis among Infants and Children: Provisional ACIP Recommendations for Use of Rotavirus Vaccine (RV) VAC Rotavirus Vaccine Recommendation Discussion, 4/27/06 Summary of a recent Children's Hospital and Regional Medical Center Diarrhea Study Rotavirus Admissions in 2001-2005 vs Vaccine Efficacy (Recommended vs Late in Schedule) 	Marcuse: The VAC recommends that rotavirus vaccine be included in the state immunization program in accordance with the ACIP recommendation and that we educate the health and public health communities about the availability in order to prevent rotavirus-related morbidity beginning this winter. The motion was seconded and considered final.
 V. Combination Vaccine Proviso Requirement Guiding questions and discussion VAC response to proviso questions 	DOH received an additional \$750,000 to purchase the newer combination vaccines. The proviso attached to the funds indicates the need for VAC input to DOH decision-making. The framework for discussion is based on the requirements of the proviso. Jan Hicks-Thomson asked the VAC members for strategies to make the best use of the additional money.	
Jan Hicks-Thomson	Comments from Committee Members: Because there is no data regarding combination vaccine rates, could we provide vaccine to a community with low rates to learn from that community? Don't blast the vaccine out there, and then have it	
Combination Vaccine Proviso Requirement (cont'd.)	 run out. Concern raised that it's not feasible to focus a combination vaccine on a specific visit only (i.e., 6 month visit) Have the providers apply for the vaccine indicating how the vaccine would make a difference in your community Concern raised that there not be an additional administrative burden with combo vaccines (resulting in it only being sought by providers with more resources) Focus on antigens with the lowest rates. 	

•	Our main mission is to prevent diseases, not
	increase immunization rates.

- Focus on infants less than one year old and adolescents.
- We could purchase MMRV and make it available to everyone and possibly raise varicella rates
- There is very little wastage with MMRV.
- Can dissemination of the limited supply be fair, equitable and simple for providers?

Handouts:

- ESSB 6386.SL
- Combination Vaccine Budget Proviso, 7/13/06
- Combination Vaccine in Context of Schedule, 7/13/06
- Combination and Component Cost Comparison, 7/13/06
 VAC Recommendation for Use of Combination Vaccines, 1/06

Jan Hicks-Thomson thanked everyone for their comments. The strategies will be recapped and sent out to VAC members. We're planning to also survey providers and then develop a strategy for purchasing/distributing.

VI. Influenza

- ACIP Recommendation
- DOH Inventory Types of presentations
- VAC Recommendation

Lin Watson

There has been an expansion in ACIP's recommendation for influenza vaccine: Healthy children aged 24 months through 59 months, and their household contacts and out-of-home caregivers, should be vaccinated against influenza. This change extends the recommendations for vaccination of children so that all children aged 6 months through 59 months receive annual influenza vaccine. Children who have not had a previous flu shot should receive two doses. If they have had one dose in the previous season, they only need the second dose.

There may be a shortage for 3 year old children during the transition year.

Jan Hicks-Thomson noted that DOH is not purchasing flu mist this year because of cost.

Handouts:

- MMWR June 28, 2006/55(Early Release):1-41, Prevention and Control of Influenza, Primary Changes and Updates in the Recommendation
- Influenza (Flu): Questions & Answers: Influenza Vaccine Supply and Vaccination Prioritization Recommendations for the U.S. 2006-07 Influenza Season
- 2006-2007 DOH Influenza Vaccine Supply

Janna Bardi pointed out that the universal vaccine system was designed a long time ago and things have changed greatly. She has talked with CDC about how our system is working and asked for their technical assistance in identifying possible improvements CDC recommended that a specialist review Washington State's universal vaccine system and recommended Industrial Engineer, Dr. Michael Washington. Dr. Washington is reviewing Washington State's universal system and presented his expert opinion of potential impacts of change:

A motion was made to adopt the ACIP recommendation. It was recommended that the household contact language for infants less than 6 months be highlighted with a separate bullet.

The motion was seconded and considered final.

VII. Examination of the Universal Vaccine System

Presentation and discussion

Janna Bardi Lin Watson Michael Washington

Provider:

- Verify VFC eligibility
- · Accountability and documentation
- Additional administrative time on VFC issues
- Opportunity cost
- Average Length of Stay (ALOS) for clients
- Clinic profit

State:

- Additional documentation
- Additional responsibility and oversight
- Coverage and disease (susceptible population shift)
- Political (no comment)

Next Steps: More detailed flowchart of current system Flow chart of potential changes to system Data collection from providers and state Conclusion: • We do not know what the potential changes to a system will be because people have not scientifically documented changes within a universal system or from a Universal system to a non-Universal system. • Currently, we are speculating on potential differences between systems. This is the first study of its kind. Fewer variables in a system results in lower cost, and more variables increase cost. **Comments from Committee Members:** Are there measurable outcomes? • Will there be any change in cost to the LHJs? Do universal states have higher immunization rates? What are the consequences to non-VFC or the underinsured, third party payers, the public, the state? There are non-economic benefits of the system we should capture, i.e., relationship with LHJs. Handouts: • Presentation, Dr. Michael Washington; Universal Vaccination System: Washington State Examination of the Universal • Washington State Universal Vaccination System: Vaccine System (cont'd.) Department of Health Flow Chart Washington State Universal Vaccination System: Health Care Provider Flow Chart Washington State Universal Vaccination System: Patient Flow Chart **Broad View** VIII. Reports Jan Fleming reported that there is a small DOH steering

- State Board of Health Advisory Committee on School and Child Care Immunization Requirements
- Workgroup to Develop Criteria for the Relative Public Health Value of Vaccine
- Washington Chapter of the American Academy of Pediatrics Vaccine Summit
- Vaccine Management Business Improvement Project (VMBIP)

Janna Bardi

Reports (cont'd.)

committee that has been meeting since fall 2005 to discuss HPV vaccine. The vaccine has been licensed, and the ACIP recommended it, but they haven't published their recommendation yet. The vaccine is not on the CDC federal contract yet. The cost of the vaccine in the private sector is \$120 per dose - \$360 for a fully immunized individual. The HPV vaccine will be discussed at the October VAC meeting.

Comments from Committee Members:

- We need to get communication and education about this vaccine going with providers.
- We need to have a plan to get the vaccine out to providers and maximize uptake.
- We've received many calls about HPV vaccine.
- We can't wait a year.
- We need to get information out to the colleges.
- Would like DOH to think more broadly
- We need to develop relationships with OB-GYNs and midwives.
- DOH should have a strategy with adolescents and young women.
- Don't forget internal medicine. The best way to get information to internists is short and to the point.
- Naturopaths would appreciate information as well.
- · People get their information from many sources.
- Extend services in pediatric clinics to include adults and older children.

An email was sent on 7/13/06 to immunization coordinators providing information regarding adolescent immunization. There will also be information of the DOH web site.

The Adult subcommittee of the IACW and the DOH Adult and Adolescent Immunization Coordinator are doing some of this work. A letter to OB provider is being prepared regarding flu and Tdap.

Vicki Bouvier will forward the immunization coordinator email to VAC members.

Cynthia Shurtleff will send the OB letter to the VAC for comment.

IX. Updates

- Vaccine Supply
- Horizon Vaccines
- Northwest Immunization Conference

Jan Hicks-Thomson

- There have been some delays in shipping Merck's hepatitis A vaccine.
- Distribution of meningococcal and Tdap vaccines commenced on July 5th.
- DOH has pre-booked approximately 46,000 more doses of influenza vaccine for children 6 through 35 months of age than were used during the 2005-2006 influenza season.
- DOH has pre-booked approximately 40,000 more doses of influenza vaccine than were used during the 2005-2006 influenza season.
- ROTATEQ, Merck's rotavirus vaccine was licensed by the FDA on2/3/06.
- Gardasil, Merck's human papilloma virus vaccine, was licensed by the FDA on 6/8/06.
- Cervarix, GlaxoSmithKline, is likely to be licensed very soon.
- Pentacel, Sanofi Pasteur's Hib, DTaP, and IPV combination vaccine, is anticipated to be licensed as early as January 2007.
- The Northwest Immunization Conference will be held May 15-16, 2007 in Portland, Oregon. Many well recognized immunization speakers are already confirmed, including Drs. William Atkinson and Anne Schuchat, from CDC; Dr. David Fleming from the Bill and Melinda Gates Foundation; Dr. Paul Offit from the Vaccine Education Center at the Children's Hospital of Philadelphia, and Dr. Ed Marcuse. Patty Hayes and Maxine Hayes will also give presentations during the conference.

Updates (cont'd.)

Handouts:

- Immunization Policy Work July 2006
- Immunization Program Updates, 7/13/06
- Vaccine Recommendation Discussions: Tentative Timeline
- Immunization Practices and Policies in Colleges and Universities in Washington State, May 06

X. Public Comment Jan Fleming	 Cynthia Schurtlef, Immunization Action Coalition of Washington, said that the WCAAP will make reimbursement one of its goals because increased rates are tied to access, and access is tied to reimbursement. Marci Cleaver, thanked the VAC for their work. Cindy Smith, Tacoma-Pierce County Health Department, asked the VAC, when making decisions about MMRV, to consider storage needs. Cindy also said that they are looking to offer CME credit to providers who attend their educational offerings. 	
	Handouts: Immunization Policy Work – July 2006, Immunization Program Updates – 7/13/06	
XI. Next Meeting	The next VAC meeting- 10/12/06 at the Double Tree	Suggestions for the October agenda include: • HPV Recommendation • 2 nd dose Varicells Recommendation • Discussion of adolescent and adult vaccination: College survey report, travel vaccine, and vaccinating pregnant women.